

Booking Screening Questions

1. ARE YOU UNDER THE CARE OF A DOCTOR FOR MEDICAL OR PSYCHIATRIC REASONS?

IF SO, DOCTORS NAME _____ TYPE OF PROBLEM _____

2. TAKING MEDS/BIRTH CONTROL PILLS? WHAT? _____

3. DO YOU HAVE: DIABETES HEPATITIS ASTHMA AIDS

TUBERCULOSIS HEART DISEASE HIGH BLOOD PRESSURE SEIZURES

HERNIA SYPHILIS, GONORRHEA, OR OTHER VENEREAL DISEASE

4. OTHER MEDICAL CONDITIONS? WHAT? _____

5. DO YOU HAVE ANY RASHES, LICE, CRABS, CUTS, SORES, BOILS, OR ABRASIONS?

6. DO YOU HAVE NIGHT SWEATS, COUGH, UNEXPLAINED WEIGHT LOSS?

7. DO YOU REGULARLY USE DRUGS? METHADONE/HEROIN? ALCOHOL/BEER?

OTHER/INFO:

8. EVER ATTEMPTED SUICIDE? LAST TIME? _____ SUICIDAL NOW?

9. DO YOU THINK YOU ARE FACING A THREE STRIKE CASE?

10. HAVE YOU BEEN TOLD THAT YOU ARE DEVELOPMENTALLY DISABLED OR RETARDED?

11. BEEN INVOLVED IN A FIGHT OR TRAFFIC ACCIDENT IN THE PAST 24 HOURS?

12. HAVE YOU BEEN HOSPITALIZED IN THE LAST THREE MONTHS?

13. IF FEMALE, ARE YOU PREGNANT NOW? HOW MANY MONTHS PREGNANT ARE YOU?

IF NOT NOW, HAVE YOU BEEN PREGNANT IN THE LAST SIX WEEKS?

1. ARE THERE VISIBLE SIGNS OF TRAUMA, WOUNDS OR ILLNESS?

IF SO, WHAT? _____

2. DOES THE PRISONERS BEHAVIOR APPEAR BIZARRE, SUICIDAL OR ASSAULTIVE?

3. DOES THE PRISONER APPEAR TO BE UNDER THE INFLUENCE OF DRUGS OR ALCOHOL

TO THE POINT THEY NEED IMMEDIATE MEDICAL ATTENTION?

4. IS THE PRISONER AWAKE, ALERT, AND RESPONSIVE TO QUESTIONS?

5. DOES PRISONERS SKIN HAVE BRUISES, OPEN LESIONS, NEEDLE MARKS, RASH, YELLOW
COLOR OR VERMIN?

6. NURSE CALLED (Y/N) TIME _____

7. WAS CAROTID HOLD PLACED ON PRISONER?

8. ARRESTED FOR AN ALCOHOL RELATED OFFENSE OR APPEARS INTOXICATED(Y/N)?

1. IS THE PRISONER KNOWN OR SUSPECTED TO BE:

ESCAPE RISK: IF YES, EXPLAIN _____

CRIMINAL JUSTICE EMPLOYEE: EXPLAIN _____

2. DO YOU BELONG TO OR ASSOCIATE WITH ANY GANG IN OR OUT OF JAIL?

IF YES, WHICH ONE? _____

WHICH CLIQUE OR SET? _____

3. IS THERE ANY PERSON OR GROUP YOU SHOULD BE KEPT AWAY FROM?

IF YES, WHO? _____

4. IS THERE ANY REASON YOU SHOULD NOT BE HOUSED WITH GENERAL POPULATION

INMATES? IF YES, WHY? _____

5. DOES THE INMATE REQUIRE GENERAL POPULATION MEDICAL HOUSING DUE TO
NEED FOR A WHEELCHAIR, CRUTCHES, PROSTHESIS OR OTHER REASON?

IF YES, EXPLAIN _____

6. IS THE INMATE A CITIZEN OF A COUNTRY OTHER THAN THE USA?

IF YES ENTER COUNTRY CODE __ OR LITERAL _____

POBCITY: _____ ST: __ FED CONTRACT TRANSFERRED IN? _

7. ARE YOU AN ARMED FORCES VETERAN?(Y/N) DID YOU SERVE IN COMBAT?(Y/N)